Kansas City

Missouri Valley
LIFE AND HEALTH
INSURANCE COMPANY

PLANS UNDERWRITTEN BY MISSOURI VALLEY LIFE AND HEALTH INSURANCE COMPANY, ADMINISTERED BY BLUE KC.

2025 MEDICARE SUPPLEMENT

Outline of Coverage for Kansas Residents

A, F, G, High Deductible G, K, L and N
Rates valid through December 31, 2025

REV 7/24

MSUPP_KS_MVLH_24

WHAT IS MEDICARE SUPPLEMENT

MEDICARE SUPPLEMENT INSURANCE - MEDIGAP

Medicare Supplement insurance helps pay for some out-of-pocket costs not covered by Original Medicare Part A and Part B.

If you are enrolled in Medicare Part A and Part B, a Medicare Supplement plan (Medigap) can help fill the gaps. Medicare Supplement plans are designed to assist you with out-of-pocket costs from deductibles, copays and coinsurance which are not covered by Part A or Part B. A Medicare Supplement policy covers only one person so spouses must buy separate policies. Medigap plans are sold in 10 standard plans plus two high-deductible plans, each with their own set of unique benefits. Of these 10, we currently offer seven that best suit the needs of the members we serve.

All Medicare Supplement plans require you to continue to pay your Part B premium and a separate premium for the Medigap coverage. Once you enroll and continue to pay your premium, your plan will renew each year.

We're here to help you find the plan that best fits your needs! Let's get started!

BASIC BENEFITS

Hospitalization

Part A coinsurance plus coverage for 365 additional days after Medicare benefits end. Plans K and L require insureds to pay a portion of the Part A deductible.

Medical Expenses

Part B coinsurance (generally 20 percent of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood

First three pints of blood each year. Plans K and L may require members to pay a portion of blood costs.

Hospice

Part A hospice care coinsurance or copayment. Plans K and L may require members to pay a portion of Part A hospice care coinsurance or copayments.

BENEFIT CHART OF MEDICARE SUPPLEMENT PLANS

FOR PLANS EFFECTIVE JAN. 1, 2024 - DEC. 31, 2024

This chart shows the benefits included in each of the standard Medicare Supplement plans.

Every company must make Plan A available. We offer the plans highlighted in blue.

Benefits	A	B	D	G[1]	K[2]	L[2]	M	N[3]	MEDICARE FIRST ELIGIBLE BEFORE JAN 1, 2020 ONLY C	F[1]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%[3]	100%	100%
Blood (first three pints)	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Skilled nursing facility coinsurance			100%	100%	50%	75%	100%	100%	100%	100%
Medicare Part A deductible[4]		100%	100%	100%	50%	75%	50%	100%	100%	100%
Medicare Part B deductible[4]									100%	100%
Medicare Part B excess charges				100%						100%
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%	80%	80%
Out-of-pocket limit[4]					$7,060	$3,530				

[1] Plans F and G also have a high deductible option, which require first paying a plan deductible of $2,800 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. These high deductible options are not offered by MVLH. High deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[2] Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

[3] Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that do not result in an inpatient admission.

[4] Based on 2024 numbers. 2025 numbers subject to change with updates from CMS Cost Share.

Plan A

For basic coverage at the lowest premium, choose Plan A. You'll be responsible for paying your Part A deductible and Part B deductible. The plan will pay the coinsurance thereafter, including hospitalization for 365 days after Medicare coverage ceases. After Medicare pays 80%, this plan pays the remaining 20% of the Part B coinsurance.

Plan G

You'll be entitled to all the coverage of Plan F, except you will be responsible for paying your Part B deductible.

High Deductible Plan G

You'll be entitled to all the coverage of Plan G, once you satisfy the up-front deductible amount.

Plan K and L

Plans cover a portion of the covered Medicare benefits until you reach your yearly out-of-pocket limit, after which the plan pays 100% of approved costs.

Plan N

You'll be entitled to all the coverage of Plan D, except you will be subject to up to a $20 copayment for office visits and up to a $50 copayment for emergency services.

Plan F

If you were eligible for Medicare on or before January 1, 2020, you may select Plan F. You'll be entitled to all the coverage of Plan C, plus 100 percent of Medicare Part B excess charges.

Who is Missouri Valley Life and Health Insurance Company?

Missouri Valley Life and Health Insurance Company (MVLH) is a subidiary of Blue Cross and Blue Shield of Kansas City (Blue KC). These plans are offered and underwritten by MVLH and administered by Blue KC. This means when you have questions about your plan and claims, you'll speak with the people you know and trust at Blue KC.

PLAN A

PLAN A BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies.			
– First 60 days	All but $1,632	$0	$1,632 (Part A deductible)
– 61st thru 90th day	All but $408 a day	$408 a day	$0
– 91st day and after:	All but $816 a day	$816 a day	$0
• While using 60 lifetime reserve days			
• Once lifetime reserve days are used:			
– Additional 365 days	$0	100% of Medicare eligible expenses	$0**
– Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
– First 20 days	All approved amounts	$0	$0
– 21st thru 100th day	All but $204 a day	$0	Up to $204 a day
– 101st day and after	$0	$0	All costs
Blood			
– First three pints	$0	Three pints	$0
– Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
– First $240 of Medicare-approved amounts†	$0	$0	$240 (Part B deductible)
– Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (Above Medicare-approved amounts)	$0	$0	All costs
Blood			
– First three pints	$0	All costs	$0
– Next $240 of Medicare-approved amounts†	$0	$0	$240 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services – Tests for diagnostic services	100%	$0	$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Healthcare Medicare-approved services			
– Medically necessary skilled-care services and medical supplies	100%	$0	$0
– Durable medical equipment • First $240 of Medicare-approved amounts†	$0	$0	$240 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	$0

†Once you have been billed $240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

PLAN F

PLAN F BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies.			
– First 60 days	All but $1,632	$1,632 (Part A deductible)	$0
– 61st thru 90th day	All but $408 a day	$408 a day	$0
– 91st day and after:			
• While using 60 lifetime reserve days	All but $816 a day	$816 a day	$0
• Once lifetime reserve days are used:			
– Additional 365 days	$0	100% of Medicare eligible expenses	$0**
– Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
– First 20 days	All approved amounts	$0	$0
– 21st thru 100th day	All but $204 a day	Up to $204 a day	$0
– 101st day and after	$0	$0	All costs
Blood			
– First three pints	$0	Three pints	$0
– Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan F is available if eligible for Medicare prior to January 1, 2020.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostictests, durable medical equipment.			
– First $240 of Medicare-approved amounts†	$0	$240 (Part B deductible)	$0
– Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (Above Medicare-approved amounts)	$0	100%	$0
Blood			
– First three pints	$0	All costs	$0
– Next $240 of Medicare-approved amounts†	$0	$240 (Part B deductible)	$0
– Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services – Tests for diagnostic services	100%	$0	$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Healthcare Medicare-approved services			
– Medically necessary skilled-care services and medical supplies	100%	$0	$0
– Durable medical equipment • First $240 of Medicare-approved amounts†	$0	$240 (Part B deductible)	$0
• Remainder of Medicare-approved amounts	80%	20%	$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Foreign Travel Not covered by Medicare - medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
– First $250 each calendar year	$0	$0	$250
– Remainder of charges	$0	80% to a lifetime max benefit of $50,000	20% and amounts over the $50,000 lifetime max

†Once you have been billed $240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

PLAN G

PLAN G BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies.			
– First 60 days	All but $1,632	$1,632 (Part A deductible)	$0
– 61st thru 90th day	All but $408 a day	$408 a day	$0
– 91st day and after:			
• While using 60 lifetime reserve days	All but $816 a day	$816 a day	$0
• Once lifetime reserve days are used:			
– Additional 365 days	$0	100% of Medicare eligible expenses	$0**
– Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
– First 20 days	All approved amounts	$0	$0
– 21st thru 100th day	All but $204 a day	Up to $204 a day	$0
– 101st day and after	$0	$0	All costs
Blood			
– First three pints	$0	Three pints	$0
– Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
– First $240 of Medicare-approved amounts†	$0	$0	$240 (Unless Part B deductible has been met)
– Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (Above Medicare-approved amounts)	$0	100%	$0
Blood			
– First three pints	$0	All costs	$0
– Next $240 of Medicare-approved amounts†	$0	$0	$240 (Unless Part B deductible has been met)
– Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services – Tests for diagnostic services	100%	$0	$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Healthcare Medicare-approved services			
– Medically necessary skilled-care services and medical supplies	100%	$0	$0
– Durable medical equipment • First $240 of Medicare-approved amounts†	$0	$0	$240 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Foreign Travel Not covered by Medicare - medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
– First $250 each calendar year	$0	$0	$250
– Remainder of charges	$0	80% to a lifetime max benefit of $50,000	20% and amounts over the $50,000 lifetime max

†Once you have been billed $240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

HIGH DEDUCTIBLE PLAN G

HIGH DEDUCTIBLE PLAN G BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS**	YOU PAY**
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies.			
– First 60 days	All but $1,632	$1,632 (Part A deductible**)	$0
– 61st thru 90th day	All but $408 a day	$408 a day	$0
– 91st day and after:			
• While using 60 lifetime reserve days	All but $816 a day	$816 a day	$0
• Once lifetime reserve days are used:			
– Additional 365 days	$0	100% of Medicare eligible expenses	$0***
– Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
– First 20 days	All approved amounts	$0	$0
– 21st thru 100th day	All but $204 a day	Up to $204 a day	$0
– 101st day and after	$0	$0	All costs
Blood			
– First three pints	$0	Three pints	$0
– Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year $2,800 deductible. Benefits from the high deductible plan G will not begin until out-of-pocket expenses are $2,800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B but does not include the plan's separate foreign travel emergency deductible.

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS**	YOU PAY**
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
– First $240 of Medicare-approved amounts†	$0	$0	$240 (Unless Part B deductible has been met)
– Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (Above Medicare-approved amounts)	$0	100%	$0
Blood			
– First three pints	$0	All costs	$0
– Next $240 of Medicare-approved amounts†	$0	$0	$240 (Unless Part B deductible has been met)
– Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services – Tests for diagnostic services	100%	$0	$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS**	YOU PAY**
Home Healthcare Medicare-approved services			
– Medically necessary skilled-care services and medical supplies	100%	$0	$0
– Durable medical equipment • First $240 of Medicare-approved amounts†	$0	$0	$240 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS**	YOU PAY**
Foreign Travel Not covered by Medicare - medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
– First $250 each calendar year	$0	$0	$250
– Remainder of charges	$0	80% to a lifetime max benefit of $50,000	20% and amounts over the $50,000 lifetime max

†Once you have been billed $240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

PLAN K

PLAN K BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
Hospitalization** Semiprivate room and board, general nursing and miscellaneous services and supplies.			
– First 60 days	All but $1,632	$1,632 (50% of Part A deductible)	$816 (50% of Part A deductible) ♦
– 61st thru 90th day	All but $408 a day	$408 a day	$0
– 91st day and after:			
• While using 60 lifetime reserve days	All but $816 a day	$816 a day	$0
• Once lifetime reserve days are used:			
– Additional 365 days	$0	100% of Medicare eligible expenses	$0***
– Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care** You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
– First 20 days	All approved amounts	$0	$0
– 21st thru 100th day	All but $204 a day	Up to $102 a day (50% of Part A Coinsurance)	Up to $102 a day (50% of Part A Coinsurance) ♦
– 101st day and after	$0	$0	All costs
Blood			
– First three pints	$0	50%	50% ♦
– Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	50% of co-payment/ coinsurance	50% of Medicare co-payment/ coinsurance ♦

* You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $7,060 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart above. Once you reach the annual limit, the plan pays 100% of your Medicare co-payment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

** A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

*** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
– First $240 of Medicare-approved amounts†****	$0	$0	$240 (Part B deductible) ♦****
– Preventive Benefits for Medicare covered services	Generally 80% or more of Medicare Approved Amounts	Remainder of Medicare Approved Amounts	All costs above Medicare Approved Amounts
– Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10% ♦
Part B Excess Charges (Above Medicare-approved amounts)	$0	0%	All costs (and they do not count toward annual out-of-pocket limit of $7,060)**
Blood			
– First three pints	$0	50%	50%
– Next $240 of Medicare-approved amounts†****	$0	$0	$240 (Part B deductible) ♦****
– Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10% ♦
Clinical Laboratory Services – Tests for diagnostic services	100%	$0	$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
Home Healthcare Medicare-approved services			
– Medically necessary skilled-care services and medical supplies	100%	$0	$0
– Durable medical equipment • First $240 of Medicare-approved amounts†****	$0	$0	$240 (Part B deductible) ♦
• Remainder of Medicare-approved amounts	80%	10%	10% ♦

† Once you have been billed $240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

** This plan limits your annual out-of-pocket payments for Medicare-approved amounts to $7,060 per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

****Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

PLAN L

PLAN L BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
Hospitalization** Semiprivate room and board, general nursing and miscellaneous services and supplies.			
– First 60 days	All but $1,632	$1,224 (75% of Part A deductible)	$408 (25% of Part A deductible) ♦
– 61st thru 90th day	All but $408 a day	$408 a day	$0
– 91st day and after:			
• While using 60 lifetime reserve days	All but $816 a day	$816 a day	$0
• Once lifetime reserve days are used:			
– Additional 365 days	$0	100% of Medicare eligible expenses	$0***
– Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care** You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
– First 20 days	All approved amounts	$0	$0
– 21st thru 100th day	All but $204 a day	Up to $153 a day (75% of Part A Coinsurance)	Up to $51 a day (25% of Part A Coinsurance) ♦
– 101st day and after	$0	$0	All costs
Blood			
– First three pints	$0	75%	25% ♦
– Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	75% of co-payment/ coinsurance	25% of Medicare co-payment/ coinsurance ♦

* You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $3,530 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart above. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

** A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

*** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
– First $240 of Medicare-approved amounts†****	$0	$0	$240 (Part B deductible) ♦****
– Preventive Benefits for Medicare covered services	Generally 80% or more of Medicare Approved Amounts	Remainder of Medicare Approved Amounts	All costs above Medicare Approved Amounts
– Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5% ♦
Part B Excess Charges (Above Medicare-approved amounts)	$0	0%	All costs (and they do not count toward annual out-of-pocket limit of $3,530**
Blood			
– First three pints	$0	75%	25% ♦
– Next $240 of Medicare-approved amounts†****	$0	$0	$240 (Part B deductible)
– Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5% ♦
Clinical Laboratory Services – Tests for diagnostic services	100%	$0	$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
Home Healthcare Medicare-approved services			
– Medically necessary skilled-care services and medical supplies	100%	$0	$0
– Durable medical equipment • First $240 of Medicare-approved amounts†****	$0	$0	$240 (Part B deductible) ♦
• Remainder of Medicare-approved amounts	80%	15%	5% ♦

† Once you have been billed $240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

** This plan limits your annual out-of-pocket payments for Medicare-approved amounts to $3,530 per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

****Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

PLAN N

PLAN N BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies.			
– First 60 days	All but $1,632	$1,632 (Part A deductible)	$0
– 61st thru 90th day	All but $408 a day	$408 a day	$0
– 91st day and after:			
• While using 60 lifetime reserve days	All but $816 a day	$816 a day	$0
• Once lifetime reserve days are used:			
– Additional 365 days	$0	100% of Medicare eligible expenses	$0**
– Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
– First 20 days	All approved amounts	$0	$0
– 21st thru 100th day	All but $204 a day	Up to $204 a day	$0
– 101st day and after	$0	$0	All costs
Blood			
– First three pints	$0	Three pints	$0
– Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.		Up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
– First $240 of Medicare-approved amounts†	$0	$0	$240 (Part B deductible)
– Remainder of Medicare-approved amounts	Generally 80%		
Part B Excess Charges (Above Medicare-approved amounts)	$0	$0	All costs
Blood			
– First three pints	$0	All costs	$0
– Next $240 of Medicare-approved amounts†	$0	$0	$240 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services – Tests for diagnostic services	100%	$0	$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Healthcare Medicare-approved services			
– Medically necessary skilled-care services and medical supplies	100%	$0	$0
– Durable medical equipment • First $240 of Medicare-approved amounts†	$0	$0	$240 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Foreign Travel Not covered by Medicare - medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
– First $250 each calendar year	$0	$0	$250
– Remainder of charges	$0	80% to a lifetime max benefit of $50,000	20% and amounts over the $50,000 lifetime max

†Once you have been billed $240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

MEDICARE SUPPLEMENT BENEFITS FOR KANSAS RESIDENTS

DISCLOSURES
This outline shows benefits and premiums of policies sold for effective dates on or after January 1, 2024. Policies sold for effective dates prior to January 1, 2024 may have different benefits and/or premiums.

READ YOUR POLICY VERY CAREFULLY
This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY
If you find that you are not satisfied with your policy, you may return it to MVLH, P.O. Box 419071, Kansas City, Missouri 64141-6071. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT
If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

RENEWAL CONDITIONS
You may renew this policy as long as you live by paying the premium on time. We cannot cancel or refuse to renew your policy, or place any restrictions on it, other than for non-payment or for fraudulent misstatements made by you in your application for the policy. The ability to move from one product to another may be restricted.

CANCELLATION BY INSURED
You may cancel this policy at any time by written notice delivered or mailed to the insurer, effective upon receipt of such notice or on such late date as may be specified in such notice. In the event of cancellation or death of the insured, the insurer will promptly return the unearned portion of any premium paid. The earned premium shall be computed on a pro-rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

RIGHT TO CHANGE PREMIUM
Your benefits are designed to cover cost-sharing amounts under Medicare. These benefits will be changed automatically to coincide with any changes in the applicable Medicare deductible and coinsurance amounts. In addition, premiums may be modified annually by providing you with at least 30 days notice. The notice may be provided via contract rider or some other appropriate means and will be mailed to you at the address which appears on our records. If you continue payment of premium after notice has been provided, it is agreed that such change is acceptable to you.

NOTICE
This policy may not fully cover all of your medical costs.

MVLH IS NOT CONNECTED WITH MEDICARE
This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office at 1-800-772-1213 or consult The Medicare Handbook, available online at www.Medicare.gov for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT
When you fill out the application for the new policy, be sure to answer truthfully and complete all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

EXCLUSIONS FOR KANSAS RESIDENTS

We will not make payment for:

1. Services to the extent that Medicare will pay for them.
2. Any service or item for which benefit payment is not available under the provisions of Part A or Part B of Medicare, except for skilled nursing facility benefits, unless specifically covered as a benefit of this contract.
3. Any service or item excluded by Part A or Part B of Medicare.
4. Any charge which exceeds an amount recognized as reasonable by Medicare.
5. Services to the extent they are obtained without cost to you from any federal, state, municipal or other governmental body or agency.
6. Services for injuries or diseases related to your job to the extent you are covered or are required to be covered by a workers' compensation law. If you enter into a settlement giving up your right to recover future medical benefits under a workers' compensation law, we will not pay for those medical services that would have been payable except for that settlement.
7. For services or supplies received from any provider in a country where the terms of any sanction, embargo, boycott, executive order or other legislative or regulatory action taken by the Congress, President or an administrative agency of the United States would prohibit payment or reimbursement by MVLH for such services.

2025 MEDICARE SUPPLEMENT

INSURANCE PREMIUM RATES FOR KANSAS RESIDENTS
PLANS A, F, G, AND HIGH DEDUCTIBLE G.

	PLAN A Underwritten/ First Eligible		PLAN F Underwritten/ First Eligible		PLAN G Underwritten/ First Eligible		HIGH DED. PLAN G Underwritten/ First Eligible	
ATTAINED AGE [1]	MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Disabled	$162	$145	$242	$220	$193	$174	$56	$51
65	$162	$145	$242	$220	$193	$174	$56	$51
66	$165	$148	$247	$225	$196	$177	$57	$52
67	$168	$151	$252	$229	$200	$180	$58	$52
68	$171	$156	$258	$235	$204	$186	$59	$54
69	$175	$160	$264	$240	$209	$191	$61	$56
70	$177	$162	$268	$243	$212	$194	$62	$57
71	$183	$167	$277	$251	$219	$199	$64	$58
72	$189	$171	$283	$258	$225	$204	$66	$59
73	$194	$175	$292	$265	$231	$210	$67	$61
74	$199	$179	$299	$271	$237	$216	$69	$63
75	$203	$186	$307	$279	$243	$222	$71	$65
76	$209	$191	$315	$288	$250	$227	$73	$66
77	$216	$196	$324	$295	$257	$234	$75	$68
78	$222	$201	$332	$302	$264	$240	$77	$70
79	$227	$206	$343	$310	$271	$247	$79	$72
80	$234	$212	$352	$320	$279	$254	$82	$74
81	$240	$218	$361	$328	$288	$261	$84	$76
82	$247	$225	$372	$336	$295	$268	$86	$78
83	$254	$230	$382	$346	$302	$274	$88	$80
84	$261	$237	$392	$356	$310	$282	$91	$82
85+	$261	$236	$392	$356	$310	$281	$91	$82

*Premium rates are based on the age and gender of the insured on January 1 of the current year and will automatically increase on January 1 following a birthday which places the insured into the next age classification upon which premiums are based. Premiums may also change once per 12-month period due to medical costs.

2025 MEDICARE SUPPLEMENT

INSURANCE PREMIUM RATES FOR KANSAS RESIDENTS
PLANS K, L, & N.

	PLAN K Underwritten/ First Eligible		PLAN L Underwritten/ First Eligible		PLAN N Underwritten/ First Eligible	
ATTAINED AGE [1]	MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Disabled	$85	$76	$125	$113	$193	$174
65	$85	$76	$125	$113	$193	$174
66	$86	$78	$127	$115	$197	$178
67	$88	$79	$130	$117	$200	$182
68	$89	$82	$132	$121	$205	$187
69	$92	$84	$136	$124	$210	$192
70	$93	$85	$138	$126	$213	$194
71	$96	$87	$142	$129	$220	$200
72	$99	$89	$146	$132	$226	$205
73	$101	$92	$150	$136	$231	$210
74	$104	$95	$154	$140	$238	$216
75	$107	$97	$158	$144	$244	$223
76	$110	$100	$162	$147	$251	$228
77	$113	$103	$167	$152	$258	$235
78	$116	$105	$171	$156	$265	$240
79	$119	$108	$176	$160	$272	$247
80	$123	$112	$181	$165	$280	$255
81	$127	$115	$187	$169	$289	$262
82	$130	$118	$192	$174	$296	$268
83	$133	$120	$196	$178	$303	$275
84	$136	$124	$201	$183	$312	$282
85+	$136	$123	$201	$182	$312	$282

*Premium rates are based on the age and gender of the insured on January 1 of the current year and will automatically increase on January 1 following a birthday which places the insured into the next age classification upon which premiums are based. Premiums may also change once per 12-month period due to medical costs.

NOTES

NOTES

MY PLAN INFORMATION

I have purchased Medicare Supplement plan _____ with a premium of $_____ paid on a(n)

_____ basis. This amount does not include any optional riders.

(premium mode)

Name and address of agent/broker: _____

_____

_____

_____

800-867-9014
MEDICAREBLUEKC.COM/MEDSUPP

Missouri Valley
LIFE AND HEALTH
INSURANCE COMPANY

PLANS UNDERWRITTEN BY MISSOURI VALLEY LIFE AND HEALTH INSURANCE COMPANY, ADMINISTERED BY BLUE KC.

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(800) 867-9014 | BlueKC.com